Vendor's Company Name:

Nebraska Medicaid Managed Care Enrollment Broker Operations Cost Proposal
Attachment E
of RFP 4188Z1

Budget Summary by Component/Program and Expense Type

Expense Type	Enrollment Broker Operations Year 1	Enrollment Broker Operations Year 2	Enrollment Broker Operations Year 3	Total
Direct Labor				
Salaries				
Benefits %				
Sub-total				
Non-pass-through Expenses:				
Consultants (List Each Separately)				
Sub-Contractors (List Each Separately)				
Network Support (List Each Type of Support Separately)				
Admin Support (List Each Type of Support Separately)				
Additional Expenses				
Additional Expenses (1)				
Additional Expenses (2)				
Additional Expenses (3)				
Sub-total				
Total Direct Labor and Non-pass through Expenses				
Indirect Rate (1)				
Indirect Rate (2) (if applicable)				
Sub-total				
Total Direct Labor, Non-pass through Expenses and Indirect rate				
Administrative Fee				
Sub-total				
Total Direct Labor, Non-pass-through Expenses, Indirect rate, and Administrative Fee				
Pass-through Expenses:				
Capital Expenditures (Including lease payment)				
Postage / Delivery expenses				
Software (including License fees)				
Office Rent (incl. leasehold improvements & lease pass-through expenses)				
Printing Expenses				
Equipment				
Office Supplies				
All Telecommunications Lines				
Other (Must list detail)				
Total Pass-through Expenses				
Total All Expenses				

Expand Schedule as Needed (keep formulas consistent)
Expenses in each component should be aggregated by type. The expense types shown are examples
only. If more expense types are needed add rows and link appropriately